

1002  
BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58	1					
9							59						
10							60						
11							61						
12							62						
13							63	1					
14							64						
15							65						
16							66	1					
17							67						
18							68						
19							69						
20							70	1					
21							71						
22							72	1					
23							73						
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40							90						
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42							92	1					
43							93						
44							94						
45							95						
46	1						96						
47							97						
48							98	1					
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

134/17

2082

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL CLAIMS								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								